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| | Examiner DON N. VO | Art Unit 2631 |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | <input type="checkbox"/> CPA | | <input type="checkbox"/> T.D. | | <input type="checkbox"/> R.1.47 | |
|--|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| Final | Original | Final | Original | Final | Original | Final | Original |
| 1 | 31 | 61 | 91 | 121 | 151 | 181 | |
| 2 | 32 | 62 | 92 | 122 | 152 | 182 | |
| 3 | 33 | 63 | 93 | 123 | 153 | 183 | |
| 4 | 34 | 64 | 94 | 124 | 154 | 184 | |
| 5 | 35 | 65 | 95 | 125 | 155 | 185 | |
| 6 | 36 | 66 | 96 | 126 | 156 | 186 | |
| 7 | 37 | 67 | 97 | 127 | 157 | 187 | |
| 8 | 38 | 68 | 98 | 128 | 158 | 188 | |
| 9 | 39 | 69 | 99 | 129 | 159 | 189 | |
| 10 | 40 | 70 | 100 | 130 | 160 | 190 | |
| 11 | 41 | 71 | 101 | 131 | 161 | 191 | |
| 12 | 42 | 72 | 102 | 132 | 162 | 192 | |
| 13 | 43 | 73 | 103 | 133 | 163 | 193 | |
| 14 | 44 | 74 | 104 | 134 | 164 | 194 | |
| 15 | 45 | 75 | 105 | 135 | 165 | 195 | |
| 16 | 46 | 76 | 106 | 136 | 166 | 196 | |
| 1 | 17 | 47 | 77 | 107 | 137 | 167 | 197 |
| 2 | 18 | 6 | 48 | 108 | 138 | 168 | 198 |
| 3 | 19 | 7 | 49 | 109 | 139 | 169 | 199 |
| 4 | 20 | 8 | 50 | 110 | 140 | 170 | 200 |
| 5 | 21 | 9 | 51 | 111 | 141 | 171 | 201 |
| 22 | 10 | 52 | 82 | 112 | 142 | 172 | 202 |
| 23 | 11 | 53 | 83 | 113 | 143 | 173 | 203 |
| 24 | 12 | 54 | 84 | 114 | 144 | 174 | 204 |
| 25 | 13 | 55 | 85 | 115 | 145 | 175 | 205 |
| 26 | 14 | 56 | 86 | 116 | 146 | 176 | 206 |
| 27 | 15 | 57 | 87 | 117 | 147 | 177 | 207 |
| 28 | | 58 | 88 | 118 | 148 | 178 | 208 |
| 29 | | 59 | 89 | 119 | 149 | 179 | 209 |
| 30 | | 60 | 90 | 120 | 150 | 180 | 210 |